

CITY OF LEWISTON RECREATION DIVISION REGISTRATION FORM

65 CENTRAL AVE., LEWISTON, ME 04240 Fax: 207-786-0783

Phone: 207-513-3005 Web site: www.lewistonrecreation.com Facebook: www.facebook.com/lewistonrec

Program Name: _____

Participant's Name: _____ Age: _____ DOB: ____/____/____ Gender: M / F
(Last, First, MI)

Participant's School: _____ Grade: _____ Shirt Size (Youth or Adult): _____

Parent/Guardian: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Address: _____ City/Zip Code: _____

In case of an emergency notify: _____ Phone (____) _____

Physician Name: _____ Phone (____) _____

He/she are allergic to: _____

(Optional) Some special medical conditions my child has that you should know about are: _____

First time playing? ____YES ____NO Position played: _____

☐ I will volunteer as a coach. Please contact the L.R.D. regarding volunteer paperwork.

Name: _____ Phone: (____) _____

ADULT PROGRAMS

Division (Please circle): Women's A B C / Men's A B C / Coed A B1 B2

CITY OF LEWISTON RECREATION DIVISION IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AS PART OF THE PROGRAM & THAT PHOTO MAY BE PUBLISHED.

Signature of Parent/Legal Guardian

Date

In the event that said minor is injured or becomes ill while participating in any special event, I hereby authorize whatever medical care and services necessary under the circumstances to correct the injury or treat the illness of said child. I understand that the program will attempt to notify me immediately through the telephone number I have provided.

Signature of Parent/Legal Guardian

PLEASE READ AND SIGN THE BACK OF THIS SHEET

Paid: Credit Card – Check – Cash: _____ Ck #: _____ Receipt #: _____ Date: _____ By: _____

SPORTSMANSHIP*

As a spectator, I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game and practice. I will remember that this is a children's' program and coaches are volunteers. I will keep my cheering under control and on the positive side. I will show support for my child's accomplishments and I will never cheer another child's failure (such as an opponent missing a free throw). I will read the parent's Code of Conduct and I will abide by its rules. Any concerns I may have, I will bring to the Parent Representative or Director, or whomever is available, at the appropriate time.

As a player, I will practice good sportsmanship by being courteous to all players, coaches and officials. I will remember that my coach is a volunteer. I will support and encourage my teammates and I will never taunt or laugh at any player on the opposing team or my own. I will respect the referees decisions and learn from it. I will read the player's Code of Conduct and abide by its rules. Any concerns I have I will discuss with my parents and the Parent Representative or Director, or whomever is available, at the appropriate time.

*Adapted from NYSCA

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: THE CITY OF LEWISTON, ACTING THROUGH THE LEWISTON RECREATION DIVISION IS NOT RESPONSIBLE FOR ANY INJURY OR LOSS OF PROPERTY TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE LEWISTON RECREATION DIVISION'S PROGRAMS FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE LEWISTON RECREATION DIVISION, ITS AGENTS, OR EMPLOYEES.

In consideration of my participation or the above named child participation (if said child is under 18 years of age), and on **behalf of myself and on behalf of the above named child if under 18 years of age, I hereby release** the City of Lewiston and covenant not-to-sue the City of Lewiston., and any of their employees, instructors, or agents, arising out of **any and all present and future claims resulting from any negligence on the part of the City of Lewiston and the Recreation Division** or others listed for property damage, personal injury, or wrongful death, or however the same may occur. I hereby voluntarily waive any and all claims resulting from any negligence by the **Recreation Division** and any of their employees, instructors, or agents, both present and future that may be made by me, my family, estate, heirs, devisees, or assigns.

Further, I am aware that this is a vigorous program involving cardiovascular stress and physical conduct. I understand that the program involves certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs and that equipment provided for my child's protection may be inadequate to prevent serious injury. I further understand that this program involves a particular high risk of knee, head, and neck injury. In addition, I understand that participation in the Lewiston Recreation Division programs involve activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am (or my child) voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death.

I further agree to indemnify and hold harmless the City of Lewiston, Recreation Division, and others listed of any and all claims arising as a result of my or the above named child engaging in or receiving instruction in programs or any activities incidental thereto, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by laws of the State of Maine and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Maine.

I affirm that I or the parent and/or legal guardian of the above named child if the child is under 18 years of age am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of the Recreation Division or any of the parties listed.

Signature of Parent/Legal Guardian

Date